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Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

State of New Jersey  
Department of Community Affairs  
Division of Local Government Services  
Local Finance Board

**Local Government Ethics Law  
Financial Disclosure Statement**  
*This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.*

**Year of Service:**  
\* The Year that you are filing the statement

Enter the Local Government Served: **Aberdeen Township - County of Monmouth**

**Section I. Personal Information - Local Government Officer**

First Name: Middle: Last Name: Suffix:  
Home Address: (Optional\*) Telephone Numbers (optional):  
Home: Business:  
\*\* Spouse's First Name: Middle: Last Name:

\* Optional information, if supplied, is subject to public disclosure as part of the Financial Disclosure Statement.  
\*\* Spouse includes a Civil Union partner.

	Agency	Position Held	Term Expires (if applicable)
1.			
2.			
3.			
4.			
5.			

**Section II. Financial Information**

Provide the following information for yourself and *members of your immediate family* for the prior calendar year. If no space provided. If additional space is needed, please scroll down and use the Extension Forms that have been provided.

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a public officer, the security need not be reported unless you or a member of your immediate family has an interest in the business of the source.

	Name	Address	Self	Spouse	Dependent
1.					
2.					
3.					
4.					
5.					

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from appearances, speeches, or writing.

	Name	Address	Self	Spouse	Dependent
1.					
2.					
3.					
4.					
5.					

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Don't forget to enter the year of service (the year you file).

Select your Local Government Agency by pressing the down arrow.

These are selection option buttons. Select with your mouse.

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**Section III. Certification**

I hereby certify that the foregoing Financial Disclosure Statement contains no willful misstatement or omission of material information, and that I have not received any prohibited gift or favor from any source during the prior calendar year. I am aware that if any of the foregoing is untrue, I am subject to disciplinary action under the Local Government Ethics Law.

To complete the filing process: Enter the e-mail address that was provided to you by the municipal clerk, county clerk, or other representative of the local government agency. LGA Email: \_\_\_\_\_

Enter the Email address that you use as a local government officer (optional\*). LGO Email: \_\_\_\_\_

E-Filing Statement: I have personally reviewed and approved the foregoing financial disclosure statement and any Extension forms attached hereto; (b.) I have personally filed the statement and assigned a receipt number. ☐ Accept ☐ Denied

After you click the **Submit** button below the system will populate the receipt form indicating the date and time that you electronically submitted your financial disclosure statement and assigning a receipt number. You must print the receipt and deliver a signed original copy of the receipt to your local government agency representative.

**Submit**

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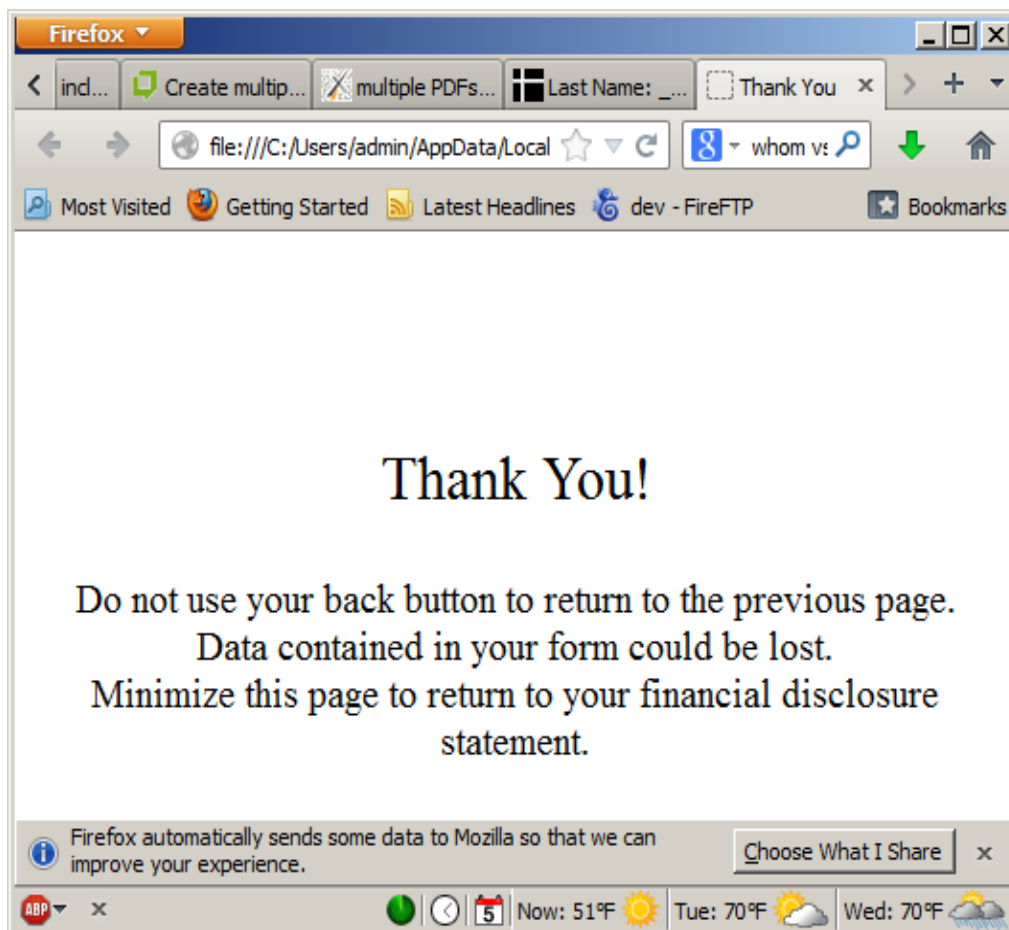
Enter the Email address provided by your Local Government Clerk or Designee.

Press the submit button when certain your data is complete.

Enter your Email address (optional).

Select "Accept" to acknowledge your statements.

After submitting your form this page will appear. Minimize or close this page and return to your FDS form.



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Comment

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Highlight Existing Fields

State of New Jersey Department of Community Affairs Division of Local Government Services	<b>Local Government Ethics Law Financial Disclosure Statement</b> <small>This statement is required annually of all local government officers as required by N.J.S.A. 17:27, the Local Government Ethics Law.</small>	<b>Year of Service:</b> <small>*The year that you are filing this statement</small>
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This is your receipt number.

Read the instructions at the bottom of this page. Print this receipt; sign the receipt; and deliver the receipt to your local government representative.

Date and time your financial disclosure statement was submitted electronically: Tuesday 09 April 13 3:10 pm

Receipt Number: 32132580

Name of Local Government Officer:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Local Government Served: \_\_\_\_\_

Signature of Local Government Officer: \_\_\_\_\_

Print this page, sign and deliver to your Clerk or other local government designee.

Please read these instructions:

1. The system will automatically populate the fields contained on this receipt except for your signature.
2. Your financial disclosure statement will not be considered FILED until you sign this receipt and deliver it to your local government representative (e.g., municipal clerk, county clerk, ethics board secretary, etc.). The receipt must contain the receipt number that is generated automatically by the Local Finance Board's online filing system when you submit your FDS electronically. Do not submit this receipt to the Local Finance Board.
3. If you are a local government officer for more than one local government agency you must deliver a separate receipt (containing a different receipt number) to the representative of each such agency.